

# TOWNSHIP OF OCEAN SPECIAL EVENTS COMMITTEE

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recreation@twpoceannj.gov



## Haunted Hayride Consent Form CONSENT FOR MEDICAL TREATMENT FORM

I (PRINT) \_\_\_\_\_ hereby give permission for  
(PRINT) \_\_\_\_\_ to participate in  
skits at the Township of Ocean Haunted Hayride. I agree to provide my own health/accident  
insurance, in the event that my child or I sustain an injury while participating in a skit at the  
Hayride. I further acknowledge that I/we must submit all claims to my primary insurance  
company for payment first. {All injuries MUST be immediately reported to the organizers.  
Do not leave the event without filling out an accident claim form}.

In the case of an accident or serious illness to myself or my child, which, in the judgment of  
the on site emergency personnel, requires immediate action, I request and hereby authorize  
the Township of Ocean and the Hayride Organizers, to obtain such medical assistance and  
if needed, allow the First Aid Squad to transport myself and or my child to a hospital, as they  
deem appropriate to the situation.

I also authorize any physician or hospital employee to administer such medical treatment for  
my child, or myself, as they deem necessary and appropriate to the situation.

I will not hold any Township employee, physician or hospital employee responsible for  
acting in accordance with this authorization.

In the case of a minor, I the parent and or guardian, expect to be informed of my child's  
condition and of the treatment as soon as possible.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent (Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Cell phone number: (    ) \_\_\_\_\_

Home email Address: \_\_\_\_\_

Parental or Legal Guardian Signature Required if the participant is under the age of 18  
years of age as of October 16, 2015

